Application Number

amended by any amendment specifically referred to above.

(if applicable).

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DECLARATION FOR UTILITY OR DESIGN		Attorney Docket Nun	nber	380-166 II						
		First Named Inventor	r	RICHARD E. DOWNEY						
	PATENT APPLICATION	COMPLETE IF KNOWN								
	(37 CFR 1.63)	Application Number								
_ا	7 Destauring	Filing Date								
-	Declaration Submitted Declaration Submitted oR Submitted after Initial	Group Art Unit								
	with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name								
ſ	As a below named inventor, I hereby declare that:									
ı	My residence, post office address, and citizenship are as s	tated below next to my name.								
1	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	VACUUM CLEANER EQUIPPED WITH PIVOTALLY MOUNTED AGITATOR SECTION									
	the specification of which (Title of is attached hereto OR									
ł	was filed on (MM/DD/YYYY)	as United States	s Applic	eation Number or PCT International						

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as

and was amended on (MM/DD/YYYY)

Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
		0000	0000	0000	
	Country				

Additional foreign application num	bers are listed on a supplemental priority da	ata sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date (MM/DD/VVVV)								

Application (dumber(s)	Filing Date (WIW/DD/1111)				
60/437,960	01/03/2003				
60/468,408	05/06/2003				
·					

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]
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PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

										· · · · · · · · · · · · · · · · · · ·	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.S. Parent Application or PCT Parent Number					Parent Filing Date Parent Filing Date				rent Patent Number (if applicable)		
	U.S. or	PCT International applicati	on numbers ar	e listed on a	supple	mental pr	riority data she	et PTO/SE	3/02B a	ttached hereto.	
As a named inv	entor, I I	nereby appoint the followi	ng registered	practitioner	(s) to p	rosecute	this applicatio	n and to t	transac		
and Trademark	Office o	onnected therewith:		00	1009		\longrightarrow	.	Place Custo		
			OR Registered pr	actitioner(s) name	/registrat	ion number lis	ted below	<u>_ </u>	Number Bar Label her	e
	Nam	ie .		stration mber			Nam	е		Registration Number	
Additional	egistere	d practitioner(s) named o	n supplement	al Register	ed Prac	titioner Ir	nformation she	et PTO/S	B/02C	attached here	to.
Direct all corr	espond		er Number Code Label		0010	09	OR	Cor	rrespo	ndence addr	ess below
Name											
Address											
Address											
City						tate		ZIP			
Country Telephone (859)) 252	2-0889)	Fax	(859)) 252-0779)		
believed to be to punishable by f	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of S	ole or	First Inventor:				A petitio	on has been	filed for	this u	nsigned inve	ntor
Gi	ven Na	me (first and middle [it	fany])			Family Name or Surname					
RICHARI) E.				DO	OWNE	EY				
Inventor's Signature								 _		Date	
Residence: City		Danville	State	KY	Со	untry	US			Citizenship	US
Post Office Address 234 Fox Run Trace										•	
Post Office A	ddress										
City		Danville	Stat	_e KY	Z i _i	p	40422			Country	US
Additional	invento	ors are being named o	n thes	upplemen	tal Add	ditional I	Inventor(s) s	heet(s)	PTO/S	SB/02A attac	hed hereto

Please type a plus sign (+) inside this box —	+	1
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PTO/SB/02A (11-00)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _____ of ____

Name of Additional Joint Inventor, if ar		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]		Family Name or Surname						
JASON R.		GIE	SKE					
Inventor's Signature	. :					Date		
Residence: City Danville	State	вKY		Country US		С	Citizenship US	
261 Stevenson Drive Mailing Address								
Mailing Address				·····				
City Danville	State	_e KY		ZIP 40422	Cou	untry	US	
Name of Additional Joint Inventor, if an	y:		A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date	
Residence: City Sta			ate Country				Citizenship	
Mailing Address								
Mailing Address								
	S40		ZIP			Country		
City	∫ Sta	te		ZIP		oun	try	
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
				-				
Inventor's Signature						Date		
Residence: City State			Country				Citizenship	
Mailing Address								
Mailing Address								
City	State			ZIP		Cou	intry	

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